

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

04-27-2001 90272 027 ***150.00

DOCUMENT # P00000075442

1. Entity Name

D'I BEST FURNITURE, INC.

Principal Place of Business

**3101 NW 27TH AVENUE
 MIAMI FL 33142**

Mailing Address

**3101 NW 27TH AVENUE
 MIAMI FL 33142**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHANEZ, MIRELLE
 3101 NW 27TH AVENUE
 MIAMI FL 33142**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relinquishing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY-1, 2001 Fee will be \$350.00.
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO CHANEZ, JUAN M 3101 NW 27TH AVENUE MIAMI FL 33142	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHANEZ, MIRELLE 3101 NW 27TH AVENUE MIAMI FL 33142	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TORRES, LORENZO 3101 NW 27TH AVENUE MIAMI FL 33142	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, without other law empowered.

SIGNATURE:

Juan Chanez
 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01
 Date

25-634-2222
 Daytime Phone #

CR22004 (10/00)